



ADULT SOFTBALL MANAGER'S INFORMATION CARD

MEN'S LEAGUE _____

COED LEAGUE _____

NAME OF TEAM: _____

MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

RETURNING TEAM (name of team last season) _____ NEW TEAM: _____

LEAGUE DESIRED:

MENS: (WED C/D) _____ (THURS C) _____ (THURS D) _____

COED: (MON C) _____ (TUES Rec) _____

BYE WEEK REQUEST DATE (IF POSSIBLE): _____

LEAGUE FEES Spring/Summer 2013

Men's & Coed \$ 835.00 per team

Non-Resident Rate: \$ 12.50 per player

Checks payable to: City of Mountain View

City of Mountain View, Recreation Division Credit Card Authorization Form

I authorize the use of my ☐ Mastercard ☐ Visa

In the amount of **\$ 835.00** for league fees and _____ # Non Resident Players X **\$12.50** = _____

TOTAL: \$ _____ to be charged

Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____ Date _____

Team Name _____